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**From:** Fong, Donna [/O=CORPNYCHHC/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=533D0CEE65784592BD5FAF75BC1FA7A6-FONG, DONNA]  
**Sent:** 7/6/2018 10:26:38 AM  
**To:** Kaye, Melissa [melissa.kaye@nycchc.org]  
**Subject:** RE: FMLA  
**Attachments:** HRSS\_Request\_for\_Leave\_of\_Absence\_Form\_SR-71.pdf; Kaye, Melisssa (care for family member) 7\_6\_18.pdf

Good morning Dr. Kaye,

Enclosed please find the FMLA form you requested that must be completed by you and your son's doctor. Please make sure all questions are fully answered by his doctor stating diagnosis, prognosis and the amount of time you are needed to care for him. If you require an intermittent leave, your son's doctor would still need to state diagnosis, prognosis and Schedule/Plan of Treatment that is needed to care for him. Once completed, please return the form to me. As you are taking care of your son, please provide the birth certificate to proof the relationship.

Please note, you cannot utilize your sick leave balances while out caring for your son, only annual and/or comp time unless you haven't used the 3 days of family sick leave in this calendar year. You also need to fill out the SR71 as attached to request the time off due to same reason. Kindly let me know if you have any questions. Thanks.

**Donna Fong**  
**Personnel Labor Relations Associate**  
Correctional Health Services  
55 Water Street, 18<sup>th</sup> Floor | New York, NY 10041  
ph. 646-614-0153 | fax. 646-614-0291  
email. [fongd@nycchc.org](mailto:fongd@nycchc.org)

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**From:** Kaye, Melissa  
**Sent:** Friday, July 06, 2018 7:43 AM  
**To:** Fong, Donna  
**Subject:** FMLA

Hi Ms. Fong,  
Can you please send me the forms/paperwork that I need to take FMLA for my son?  
Thank you

Melissa Kaye, M.D.  
Medical Director  
Bronx Court Clinic  
phone: 718-410-2345  
Fax: 718-410-2344